ite: Lowell General Hospital		
ection Title	Last	Action
CCCE Sign Off	Update Never	Action
acce sign on	Never	
CCCE Sign Off		
CCCE Sign Off:		
Click the box below to indicate that you have reviewed all sections of your clinical site survey.		
This survey has been reviewed.		
nformation For the Academic Program	04/11/16 10:59 AM	
nformation For the Academic Program		
erson Completing CSIF: ulie Grace, DPT		
-mail address of person completing CSIF:		
-mail address of person completing USIF: grace@lowellgeneral.org		
arme of Clinical Center (Note: To correct the name of your site, as it appears in both CSIF Web and CPI Web, update it in this field).:		
ame of Chinical Center (Note: 10 correct the name of your site, as it appears in both CSLF web and CP1 web, update it in this neid).: owell General Hospital		
treetAddress		
Address:		
95 Varnum Ave		
City:		
owell		
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1A		
Postal Code:		
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adiity Dhone		
acility Phone Phone Number:		
780937-6000		
Ext:		
T Department Phone		
Phone Number:		
78-937-6471 Ext:		
T Department Fax		
Phone Number:		
78-937-6864		
linical Center Web Address:		
irector of Physical Therapy:		
lenter Coordinator of Clinical Education (CCCE) / Contact Person:		
Ine Grace CCE / Contact Person Phone:		
78-937-6213		

Section Sign Off:					
Click the box below to indicate you have reviewed and fini	ished with this	section of the survey.			
This section has been completed.					
Information About the Corporate/Healthcare Systems	s Organizatio	n		04/11/16 10:59 AM	
information About the Corporate/Healthcar	re Systems	Organization			
f your facility is part of a larger corporation or has	s multiple si	tes or clinical centers, include the con	tact information fo	or the corporate/healthcare system	1 organization.
Corporate/Healthcare System Organization:	*			· · ·	0
owell General Hospital- Outpatient					
Contact Name:					
Address					
Address:					
13 Village Square					
io vinage oquare					
City:					
Chelmsford					
State:					
MA					
Postal Code:					
01824					
Phone					
Phone Number:					
978-937-6232					
Ext:					
Fax					
Phone Number:					
978-937-6864					
E-mail:					
Affiliation Agreement Contract Fulfillment					
Contact Person:					
Section Sign Off: Click the box below to indicate you have reviewed and fini	ished with this	contion of the surror.			
Click the box below to indicate you have reviewed and init	ished with this	section of the survey.			
✓ This section has been completed.					
Clinical Site Accreditation/Ownership				04/11/16 10:59 AM	
Clinical Site Accreditation/Ownership					
Which of the following best describes the ownership o	category for	your clinical site? (check all that apply)			
Corporate/Privately Owned		Government Agency		Hospital/Medical Center Owned	
		PT Owned		PT/PTA Owned	
		Other	L	. I/T INOWIEU	
Physician/Physician Group Owned		Guitti			
Section Sign Off:					
Click the box below to indicate you have reviewed and fini	ished with this	section of the survey.			
₩ This section has been completed.					
Clinical Site Primary Classification				04/11/16 10:59 AM	

Clinical Site Primary Classification					
Choose the category that best describes how your facility fu	inction	s the majority (> 50%) of the time.			
Acute Care/Inpatient Hospital Facility		· · · · · · · · · · · · · · · · · · ·			
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f appropriate, check () up to four additional categories that Acute Care/Inpatient Hospital Facility		Ambulatory Care/Outpatient		ECF/Nursing Home/SNF	
		Home Health		Industrial/Occupational Health Facil	lifty
Multiple Level Medical Center		Private Practice		Rehabilitation/Sub-acute Rehabilitati	ion
School/Preschool Program		Wellness/Prevention/Fitness Program		Other	
Section Sign Off:					
Click the box below to indicate you have reviewed and finished w	vith this:	section of the survey.			
· · · · · · · · · · · · · · · · · · ·					
MicThisiecting has been completed.				04/11/16 10:59 AM	
Clinical Site Location					
Which of the following best describes your clinical site's loca	tion				
Suburban					
Section Sign Off:					
Click the box below to indicate you have reviewed and finished w	vith this:	section of the survey.			
This section has been completed.					
ffiliated PT and PTA Educational Programs				04/11/16 10:59 AM	
INCOME FOR THE CONCERNMENT OF OUR DESCRIPTION WITCH VOU (curren	tiv amilate.			
Program Name	curren	City	Stat		
Program Name	curren		Stat MA	e PT / PTA PT	9
List all PT and PTA education programs with which you of Program Name University of Massachusetts - Lowell Select the program(s) your site is currently affiliated with:	curren	City Lowell	MA		<u>@</u>
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Name:			
Kathryn S	Scamelli		
	Iress / CP12 Login:		
	scarpelli@lowellgeneral.org		
	osition (Title, Name of Facility):		
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	ars of Clinical Practice		
Please c	choose:		
No. of Ye	ars of Clinical Teaching		
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(Start with most current)		
Institution:		
Period of Study		
(If the user is currently enrolled, please type in the word 'CURR	ENT' into the box labeled 'To'.)	
From — To		
Major:		
Degree:		
-0 - ···		
Summary of Primary Employment		
For current and previous four positions since graduation from	n college: start with most current)	
Employer:		
Position:		
Period of Employment		
(If the user is currently employed, please type in the word 'CUR	RENT' into the box labeled 'To'.)	
From — To		
Continuing Professional Preparation Related Directly to Clinical		
(for example, academic for credit courses [dates and titles], co	ntinuing education [courses and instructors], researc	ch, clinical practice/expertise, etc. in the last three
(3) years)		
Course:		
Provider/Location:		
Date		
Name:		
Julie D. Grace		
Email Address / CPI2 Login:		
igrace@lowellgeneral.org		
Present Position (Title, Name of Facility):		
No. of Years as the CCCE		
Please choose: 💌		
No. of Years of Clinical Practice		
Please choose:		
No. of Years of Clinical Teaching		
Please choose:		
No. of Venue Weaking at the Othe		
No. of Years Working at this Site Please choose:		
Check all that apply:		
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	1 I	1
Licensing/Registration Status		
Licensing/Registration Status		
Please choose:		
State of Licensure/Registration		

	rned Physical Therapy Degree		
Doctor in I	Physical Therapy		
lighest Ea	rned Degree		
Profession	nal Doctor in Physical Therapy		
APTA Cred	entialed CI		
O Yes	© No		
PTA Adva	nced Credentialed CI		
O Yes	© No		
)ther CI Cr	redentialing		
O Yes	© No		
BPTS Cer	tified Clinical Specialist (Check all that apply)		
	DCS		GCS
I	PCS		NCS
	CCS		SCS
H	ECS		WCS
PTA Recog	gnition of Advanced Proficiency for PTAs (Check all that apply)		
P	\quatic		Musculoskeletal
	Cardiopulmonary		Neuromuscular
	Geriatric		Pediatrics
	of College and University Education most current)		
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This section has been completed.			
ical Instructor Information			 11/20/17 10:54 AM
nical Instructor Information			
ovide the following information on all PTs or l	PTAs employe	ed at your clinical site who are CIs.	
CI Name Followed By Credentials	CI	Username	Actions
ilatman, Deanna	De	anna.Blatman@lowellgeneral.org	
owers, Noah	no	ah.bowers@lowellgeneral.org	
collette, Nicole		cole.collette@lowellgeneral.org	
Costa, Jen L		sta@lowellgeneral.org	
		stina.gannon@lowellgeneral.org	
		nily.Machado@lowellgeneral.org	
Gannon, Kristina Machado, Emily P Michaels, Alexander S	En		
Machado, Emily P	En	nily.Machado@lowellgeneral.org	
Machado, Emily P Michaels, Alexander S	En	nily.Machado@lowellgeneral.org	
Machado, Emily P Michaels, Alexander S Add New CI Displaying all 7 Clinical instru	Err Ale	nily.Machado@lowellgeneral.org exander.Michaels@lowellgeneral.org	
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Machado, Emily P Michaels, Alexander S Add New CI Displaying all 7 Clinical instru fection Sign Off: Click the box below to indicate you have reviewed and fi Click the box below to indicate you have reviewed and fi This section has been completed. nical Instructors nical Instructors at criteria do you use to select clinical instructors	En Ale ictor	nily.Machado@lowellgeneral.org exander.Michaels@lowellgeneral.org section of the survey. at apply)	
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Machado, Emily P Michaels, Alexander S Add New CI Displaying all 7 Clinical instru ection Sign Off: Clinical Section has been completed. ical Instructors at criteria do you use to select clinical instructors APTA Clinical Instructor Credentialing Clinical competence No criteria	En Ale Ittor inished with this s? (Check all tha s? (Check all tha init all that init	nily.Machado@lowellgeneral.org exander.Michaels@lowellgeneral.org section of the survey. at apply) Career ladder opportunity Delegated in position description Other (not APTA) clinical instructor credentialing	Certification/training course Demonstrated strength in clinical teaching
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Machado, Emily P Michaels, Alexander S Add New CI Displaying all 7 Clinical instru ection Sign Off: lick the box below to indicate you have reviewed and fi This section has been completed. lical Instructors nical Instructors at criteria do you use to select clinical instructors at criteria do you use to select clinical instructors Clinical Instructor Credentialing Clinical competence No criteria Years of experience Varia clinical instructors trained? (Check all that Li li individual training (CCCE:CI)	s? (Check all this s? (Check all	hily.Machado@lowellgeneral.org axander.Michaels@lowellgeneral.org section of the survey. arange and a survey. belegated in position description belegated in position descri	Certification/training course Demonstrated strength in clinical teaching Therapist initiative/volunteer Academic for-credit coursework

☑ This section has been completed.	
Information About the Physical Therapy Service	04/11/16 11:14 AM
Information About the Physical Therapy Service	
Number of Inpatient Beds For clinical sites with inpatient care, please provide the nur to your facility, please skip and move to the next table.)	mber of beds available in each of the subcategories listed below: (If this does not apply
Acute care:	
310	
Psychiatric center:	
Intensive care:	
Rehabilitation center:	
Step down:	
Subacute/transitional care unit:	
Extended care:	
Other specialty centers:	
Total Number of Beds:	
310	
Section Sign Off:	
Click the box below to indicate you have reviewed and finished with this section of the survey.	
▼ This section has been completed.	
Number of Patients/Clients	04/11/16 11:14 AM
Estimate the average number of patient/client visits per day:	
Inpatient	Outpatient
10 Individual PT:	12 Individual PT:
Student PT:	Student PT:
Individual PTA:	Individual PTA:
Student PTA:	Student PTA:
PT/PTA Team:	PT/PTA Team:
10	12
Total patient/client visits per day:	
- and particular transport with	Total patient/client visits per day:
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Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey.	
Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey. This section has been completed. Patient/Client Lifespan and Continuum of Care	Total patient/dient visits per day:
Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey. This section has been completed. Patient/Client Lifespan and Continuum of Care Patient/Client Lifespan and Continuum of Care	Total patient/dient visits per day: 04/11/16 11:14 AM
Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey.	Total patient/dient visits per day: 04/11/16 11:14 AM
Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey. ✓ This section has been completed. Patient/Client Lifespan and Continuum of Care Patient/Client Lifespan and Continuum of Care Indicate the frequency of time typically spent with patients/clients in each of the cate	Total patient/dient visits per day: 04/11/1611:14AM
Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey. ✓ This section has been completed. Patient/Client Lifespan and Continuum of Care Patient/Client Lifespan and Continuum of Care Indicate the frequency of time typically spent with patients/clients in each of the cate Patient Lifespan	Total patient/dient visits per day: 04/11/16 11:14 AM
Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey. ✓ This section has been completed. Patient/Client Lifespan and Continuum of Care Patient/Client Lifespan and Continuum of Care Indicate the frequency of time typically spent with patients/clients in each of the cate Patient Lifespan 0-12 years	Total patient/dient visits per day: 04/11/16 11:14 AM
Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey. ✓ This section has been completed. Patient/Client Lifespan and Continuum of Care Patient/Client Lifespan and Continuum of Care Indicate the frequency of time typically spent with patients/clients in each of the cate Patient Lifespan 0-12 years 1% - 25%	Total patient/dient visits per day: 04/11/16 11:14 AM

26%	- 50%								
Over	Over 65 years								
	26% - 50%								
Continuum of Care									
Critic	Critical care, ICU, acute								
26%	26% - 50% •								
	SNF/ECF/sub-acute Please choose:								
	bilitation se choose:								
Amhu	lotow/astrotiont								
26%	- 50%								
Home	health/hospice								
Plea	se choose: 💌								
Welln	ess/fitness/industry								
Plea	se choose: 🔽								
	tion Sign Off:								
Clic	k the box below to indicate you have reviewed and finished w	ith this	section of the survey.						
	This section has been completed.								
Patier	nt/Client Diagnoses				04/11/16 11:14 AM				
	Patient/Client Diagnoses 04/11/16 11:14 AM								
Patie	Patient/Client Diagnoses								
		nts/cli	ents in each of the categories:						
Indica	ate the frequency of time typically spent with patien	nts/cli	ents in each of the categories:						
Indica Musc	ate the frequency of time typically spent with patien	nts/cli	ents in each of the categories:						
Indica Musco 26%	ate the frequency of time typically spent with patien aloskeletal -50%								
Indica Muscu 26% Which	ate the frequency of time typically spent with patien uloskeletal -50% • Musculoskeletal sub-categories are available to the st	tuden	t:						
Indica Muscu 26% Which	ate the frequency of time typically spent with patient aloskeletal 50%	tuden V	t: Amputation		Arthritis				
Indica Muscu 26% Which Vhich	ate the frequency of time typically spent with patient aloskeletal - 50% Musculoskeletal sub-categories are available to the st Acute injury Bone disease/dysfunction	tudent	t: Amputation Connective tissue disease/dysfunction	V	Muscle disease/dysfunction				
Indica Muscu 26% Which	ate the frequency of time typically spent with patient aloskeletal 50%	tuden V	t: Amputation						
Indica Muscu 26% Which Vhich	ate the frequency of time typically spent with patient aloskeletal - 50% Musculoskeletal sub-categories are available to the st Acute injury Bone disease/dysfunction	tudent	t: Amputation Connective tissue disease/dysfunction	V	Muscle disease/dysfunction				
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Indica Musca 26% Which V Neuro 1%- Which	ate the frequency of time typically spent with patient aloskeletal -50% • Musculoskeletal sub-categories are available to the sub- Acute injury Bone disease/dysfunction Musculoskeletal degenerative disease -muscular 25% • Neuro-muscular sub-categories are available to the sub- Brain injury Congenital/developmental	tuden V V tuden	t: Amputation Connective tissue disease/dysfunction Orthopedic surgery t: Cerebral vascular accident Neuromuscular degenerative disease		Muscle disease/ dysfunction Other Chronic pain Peripheral nerve injury				
Indica Musca 26% Which V Neuro 1%- Which	ate the frequency of time typically spent with patient aloskeletal -50% -50% - Musculoskeletal sub-categories are available to the sub- - Acute injury Bone disease/ dysfunction Musculoskeletal degenerative disease 	tuden V V tuden	t: Amputation Connective tissue disease/dysfunction Orthopedic surgery t: Cerebral vascular accident Neuromuscular degenerative disease		Muscle disease/ dysfunction Other Chronic pain Peripheral nerve injury				
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0%								
Which Integumentary sub-categories are available to the student:								
	Burns		Γ	Open wounds			Scar forma	tion
	Other							
Other	May cross a number of diagnostic group	e)						
Please choose:								
	other sub-categories are available to the	student:	_			_		
V	Cognitive impairment		N -	General medical conditions			General su	
	Oncologic conditions			Organ transplant			Wellness/1	Prevention
L	Other							
	ion Sign Off: the box below to indicate you have reviewed a	and finished wi	ith this	section of the survey.				
	his section has been completed.						04/11/1	6 11:14 AM
Staffin	ß						04/11/1	0 11:14 AWI
Staffi	ıg							
		Full-time Bu	idgeted		Part-time Budgeted			Current Staffing
PTs		9			6			
PTAs		3			2			
Aides	'Techs	3			1			
Other:								
	ion Sign Off: the box below to indicate you have reviewed a	and finished wi	ith this	section of the survey				
	his section has been completed.							
Inform	ation About the Clinical Education Exper	ience					04/11/1	6 11:07 AM
Inform	nation About the Clinical Education	on Experie	nce					
Encoio	l Programs/Activities/Learning Oppor	tupition						
-								
	check all special programs/activities/lear	rning opport				_		
	Administration			Aquatic Therapy				nue Coverage
	Back School			Biomechanics Lab				habilitation
	Community/Re-entry Activities Early Intervention			Critical Care/Intensive Care Employee Intervention				ntal Administration Wellness Program
	Group Programs/Classes			Home Health Program				Ergonomic PT
N V	Inservice Training/Lectures			Neonatal Care				ome/ECF/SNF
	Orthotic/Prosthetic Fabrication			Pain Management Program				Classroom Consultation Emphasis
	Pediatric - Cognitive Impairment Emphasis			Pediatric - Developmental F	Program Emphasis		Pediatric -	
-	Pediatric - Musculoskeletal Emphasis		Г	Pediatric - Neurological Em			Preventior	
	Pulmonary Rehabilitation			Quality Assurance/CQI/TQI			Radiology	
	Research Experience			Screening/Prevention				sical Therapy
	Surgery (observation)		, V	Team Meetings/Rounds				Rehabilitation
	Women's Health/OB-GYN			Work Hardening/Condition	ing		Wound Ca	
	Other							

peci	alty Clinics				
leas	e check all specialty clinics available as student learnin	ıg expe	riences.		
	Arthritis		Balance		Developmental
	Feeding clinic		Hand clinic		Hemophilia clinic
	Industry		Neurology clinic		Orthopedic clinic
	Pain clinic		Preparticipation sports		Prosthetic/orthotic clinic
	Scoliosis		Screening clinics		Seating/mobility clinic
	Sports medicine clinic		Wellness		Women's health
	Other				
Iealt	h and Educational Providers at the Clinical Site				
leas	e check all health care and educational providers at vo	ur clin	ical site students typically observe and/or with whom	thev ir	iteract.
7	Administrators		Alternative therapies		Athletic trainers
•	Audiologists		Dietitians		Enterostomal / wound specialists
7	Exercise physiologists		Fitness professionals		Health information technologists
• -	Massage therapists	V	Nurses		Occupational therapists
7	Physician assistants	V	Physicians		Podiatrists
	Prosthetists / orthotists		•		Respiratory therapists
7	Social workers		Psychologists Special education teachers		Speech/language pathologists
v					
7 -	Students from other disciplines Vocational rehabilitation counselors		Students from other physical therapy education programs Other		Therapeutic recreation therapists
Clic	tion Sign Off: k the box below to indicate you have reviewed and finished w Ihis section has been completed.	vith this	section of the survey.		
Clic	k the box below to indicate you have reviewed and finished w	vith this	section of the survey.		04/11/16 11:07 AM
Clic Clic	k the box below to indicate you have reviewed and finished w This section has been completed. bility of the Clinical Education Experience	vith this	section of the survey.		04/11/16 11:07 AM
Clic Clic vaila	k the box below to indicate you have reviewed and finished w This section has been completed. bility of the Clinical Education Experience ability of the Clinical Education Experience				04/11/16 11:07 AM
Clic Vaila	k the box below to indicate you have reviewed and finished w This section has been completed. bility of the Clinical Education Experience ability of the Clinical Education Experience		section of the survey. Idents for clinical experiences (Check all that apply)		04/11/16 11:07 AM
Clic vaila vaila ndic hysi irst	k the box below to indicate you have reviewed and finished w This section has been completed. ability of the Clinical Education Experience ability of the Clinical Education Experience ate educational levels at which you accept PT and P cal Therapist Experience:	TA stu	idents for clinical experiences (Check all that apply)		
Clic vaila vaila ndic hysi irst	k the box below to indicate you have reviewed and finished w This section has been completed. bility of the Clinical Education Experience ability of the Clinical Education Experience ate educational levels at which you accept PT and P cal Therapist	TA stu			04/11/16 11:07 AM Other
Clic Clic vaila vaila dvail ndic Physi Physi Physi	k the box below to indicate you have reviewed and finished w This section has been completed. ability of the Clinical Education Experience ability of the Clinical Education Experience ate educational levels at which you accept PT and P cal Therapist Experience:	TA stu	idents for clinical experiences (Check all that apply)		
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Clic Clic	k the box below to indicate you have reviewed and finished w This section has been completed. ibility of the Clinical Education Experience ability of the Clinical Education Experience ate educational levels at which you accept PT and P cal Therapist Experience: Full days cal Therapist nediate Experiences: Full days	TA stu	idents for clinical experiences (Check all that apply) Half days Half days		Other
Clic vaila Availa Availa ndic Physi Physi Physi	k the box below to indicate you have reviewed and finished w This section has been completed. ability of the Clinical Education Experience ability of the Clinical Education Experience ate educational levels at which you accept PT and P cal Therapist Sexperience: Full days cal Therapist nediate Experiences: Full days cal Therapist Final Experience	TA stu	idents for clinical experiences (Check all that apply) Halfdays		Other
Clic Vaila Availa Avail ndic Physi Physi ntern	k the box below to indicate you have reviewed and finished w This section has been completed. ibility of the Clinical Education Experience ability of the Clinical Education Experience ate educational levels at which you accept PT and P cal Therapist Experience: Full days cal Therapist nediate Experiences: Full days	TA stu	idents for clinical experiences (Check all that apply) Half days Half days		Other
Clic Clic	k the box below to indicate you have reviewed and finished w This section has been completed. ability of the Clinical Education Experience ability of the Clinical Education Experience ate educational levels at which you accept PT and P cal Therapist Sexperience: Full days cal Therapist nediate Experiences: Full days cal Therapist Final Experience	TA stu	idents for clinical experiences (Check all that apply) Half days Half days		Other
Clic Clic	k the box below to indicate you have reviewed and finished w This section has been completed. bility of the Clinical Education Experience ability of the Clinical Education Experience ate educational levels at which you accept PT and P cal Therapist cal Therapist nediate Experiences: Full days cal Therapist Final Experience Other cal Therapist Assistant	TA stu	idents for clinical experiences (Check all that apply) Half days Half days		Other
Click Cl	k the box below to indicate you have reviewed and finished w This section has been completed. bility of the Clinical Education Experience ability of the Clinical Education Experience ate educational levels at which you accept PT and P cal Therapist scaperience: Full days cal Therapist Final Experience Final Experience Other Full days cal Therapist Assistant cxperience: Full days cal Therapist Assistant cxperience: Full days Cal Therapist Assistant cxperience: Full days Cal Therapist Assistant	PTA stu	idents for clinical experiences (Check all that apply) Half days Internship (6 months or longer)		Other Other Specialty experience
Clic vaila vaila hysi irst l hysi irst l	k the box below to indicate you have reviewed and finished w This section has been completed. ibility of the Clinical Education Experience ability of the Clinical Education Experience ate educational levels at which you accept PT and P cal Therapist Syperience: Full days cal Therapist nedlate Experiences: Full days cal Therapist Final Experience Other Cher	PTA stu	idents for clinical experiences (Check all that apply) Half days Internship (6 months or longer)		Other Other Specialty experience
Clic vaila vaila ndic hysi iirst l hysi iirst l hysi iirst l	k the box below to indicate you have reviewed and finished w This section has been completed. bility of the Clinical Education Experience ability of the Clinical Education Experience ate educational levels at which you accept PT and P cal Therapist perience: Full days cal Therapist Final Experience Other Cal Therapist Assistant Experience: Full days Cal Therapist Assistant Cal Therapist	TA stu	Idents for clinical experiences (Check all that apply) Half days Internship (6 months or longer) Half days		Other Other Other Other Other
Clic vaila vaila ndic hysi irst l hysi hysi hysi	k the box below to indicate you have reviewed and finished w This section has been completed. ibility of the Clinical Education Experience ability of the Clinical Education Experience ate educational levels at which you accept PT and P cal Therapist Syperience: Full days cal Therapist nediate Experiences: Final Experience Other cal Therapist Assistant Syperience: Full days cal Therapist Assistant cal Therapist Assistant mediate Experiences: Full days	TA stu	Idents for clinical experiences (Check all that apply) Half days Internship (6 months or longer) Half days		Other Specialty experience Other

PT							
Indica	tte which months you will accept students for any sing	le full-1	time (36 hrs/wk) clinical experience.				
	January		February		March		
	April		May		June		
	July		August		September		
	October		November		December		
Indicate which months you will accept students for any one part-time (< 36 hrs/wk) clinical experience.							
	January		February		March		
	April		May		June		
	July		August		September		
	October	Г	November		December		
PTA							
	te which months you will accept students for any sing		-	_	L		
	January		February		March		
	April		May		June		
	July		August		September		
	October		November		December		
Indica	te which months you will accept students for any one	part-ti	me (< 36 hrs/wk) clinical experience.				
	January		February		March		
	April		May		June		
	July		August		September		
	October		November		December		
Averag	e number of PT students affiliating per year.:						
Averag	e number of PTA students affiliating per year.:						
Is you	r clinical site willing to offer reasonable accommodation	ns for	students under ADA?				
O Ye							
What is	s the procedure for managing students whose performance is	below	expectations or unsafe?:				
Explain	n what provisions are made for students if the clinical instruc	tor is ill	or away from the clinical site. (Answer if the clinical ce	nter er	nploys only one PT or PTA.):		
Sec	tion Sign Off:						
Clic	k the box below to indicate you have reviewed and finished w	ith this s	section of the survey.				
	This section has been completed.						
Clinic	al Site's Learning Objectives and Assessment				04/11/16 11:07 AM		
Clini	cal Site's Learning Objectives and Assessmen	t					
Does	your clinical site provide written clinical education obj	ectives	tostudents?				
• Ye							
Ano ol	Interfactional staff members who provide a brusical she		antian acquaint ad with the aligical site is learning aki	othro	2		
Are al	l professional staff members who provide physical the	rapys	er vices acquantieu with the chilical site s learning obje	cuves			
_	do the CCCE and/or CI typically discuss the clinical sit			-			
	At end of clinical experience		At mid-clinical experience		Beginning of the clinical experience		
	Daily		Weekly		Other		
Indica	te which of the following methods are typically utilized	d to inf	orm students about their clinical performance? (Chec	k all th	nat apply)		
V	As per student request in addition to formal and ongoing	V	Ongoing feedback throughout the clinical	•	Student self-assessment throughout the clinical		
	written & oral feedback Written and oral mid-evaluation		Written and oral summative final evaluation		Other		
N.	winten ditu orai mitu-evaluadoli	1¥	withen and oral summarive mildl evaluation		Outer		

Section Sign Off: Click the box below to indicate you have reviewed and finished wi	th this se	action of the survey.		
\checkmark This section has been completed.				
L Student Requirements				04/11/16 11:06 AM
Student Requirements				
Do students need to contact the clinical site for specific work Yes O No Please explain:	hours 1	related to the clinical experience?		
Do students receive the same official holidays as staff? O Yes O No Please explain:				
Does your clinical site require a student interview? • Yes • No Please explain:				
Indicate the time the student should report to the clinical site 8:00 AM	e on the	first day of the experience.		
Is a Mantoux TB test (PPD) required?				
a) one step				
C Yes O No				
b) two step • Yes • No				
Is a Rubella Titer Test or immunization required?				
© Yes © No Please explain:				
Are any other health tests/immunizations required prior to t • Yes • No Please explain:	he clini	cal experience? If yes, please specify:		
How is this information communicated to the clinic? Provide fax no	umber if	required.:		
Seasonal flu- during flu season				
How current are student physical exam records required to be?:				
n/a				
Are any other health tests or immunizations required on-site O Yes O No	e? If yes	, please specify:		
Is the student required to provide proof of any other training	g prior	to orientation at your facility? If yes, please list.		
O Yes O No				
Indicate which of the following are required by your facility		the clinical education experience:	-	Deve
Child clearance		OSHA education		Drug screening Proof of student health clearance
Other				
Is a criminal background check required (e.g., Criminal Offer Yes O No Please explain:	nder Ro	ecord Information)? If yes, please indicate which back	kgroun	d check is required and time frame.
Is a child abuse clearance required?				
C Yes C No Please explain:				
Is the student responsible for the cost of required clearances Yes O No Please explain:	\$?			

Is the student required to submit to a drug test? If yes, please describe parameters.		
Is medical testing available on-site for students?		
C Yes O No		
Please explain:		
Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement.):		
If an individual is responsible for Compliance items, please fill out the Compliance contact information below: Compliance Contact Person Name:		
Compliance Contact Person Phone Number Phone Number:		
Ext:		
Compliance Contact Person Email:		
Section Sign Off:		
Click the box below to indicate you have reviewed and finished with this section of the survey.		
This section has been completed.		
Special Information	04/11/16 11:06 AM	
Special Information		
Do you require a case study or inservice from all students (part-time and full-time)?		
C Yes O No Please explain:		
Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client edu	cation handout/brochure)?	
O Yes O No		
Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.		
C Yes C No		
Will the student have access to the Internet at the clinical site?		
• Yes • No Please explain:		
Is there a facility/student dress code?		
Is emergency health care available for students?		
Please explain:		
Is the student responsible for emergency health care costs?		
€ Yes C No Please explain:		
Is other non-emergency medical care available to students?		
O Yes O No		
Please explain:		
Is the student required to have proof of health insurance?		
C Yes C No		
Is the student required to provide proof of OSHA training?		
C Yes C No		
Is the student required to provide proof of HIPAA training?		
C Yes C No		
Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?		
C Yes C No		
Is the student required to be CPR certified? (Please note if a specific course is required).		

C Yes C No		
Can the student receive CPR certification while on-site?		
C Yes C No Please explain:		
Is the student required to be certified in First Aid?		
O Yes O No Please explain:		
Can the student receive First Aid certification on-site?		
C Yes C No Please explain:		
Section Sign Off:		
Click the box below to indicate you have reviewed and finished with this section of the survey.		
This section has been completed.		
Student Schedule	04/11/16 11:06 AM	
Student Schedule		
Indicate which of the following best describes the typical student work schedule:		
Standard 8 hour day		
Describe the schedule(s) the student is expected to follow during the clinical experience:		
M-F8am-430pm		
Is physical therapy provided on the weekends?		
C Yes C No		
Section Sign Off:		
Click the box below to indicate you have reviewed and finished with this section of the survey.		
This section has been completed.		
"Key fields have been marked with an asterisks. Please see the CSIF Web Help Manua	al for more details about Key Fields"	

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